CORRECTIONAL OASIS

A PUBLICATION OF
DESERT WATERS CORRECTIONAL OUTREACH
A NONPROFIT FOR THE WELL-BEING OF PUBLIC SAFETY STAFF AND THEIR FAMILIES

VOLUME 13, ISSUE 4

April 2016

INSIDE THIS ISSUE

DWCO Services

The Life of a CF2F Instructor
By Jeffrey Rude, Classification Counselor

It was a beautiful morning when I arrived to work and found my supervisor heading me off as I walked down the hall. He said he had sent me an email about a training that I might be interested in taking. My ears perked up as I anticipated what this training might be. I entered my office, turned on my computer, and opened my email. I was surprised to see the training being offered was the very training I had wanted to take for some time, the Training for Trainers for the Corrections Fatigue to Fulfillment (CF2F) course. It was being offered by Desert Waters Correctional Outreach. I called him immediately and expressed my eager interest in attending the CF2F T4T.

On October 2014 I was off to Tacoma, Washington, to attend the 4-day course to become certified as an instructor for CF2F. There were 11 of us in the class and we were all eager to learn what this material was and how it was going to impact our work and our lives. We had many questions and received responsive answers to those questions. At the end of the course, the Training Manager for the Washington Department of Corrections (WADOC) came into the room and delivered an encouraging speech about how we are in on the ground floor of what is hoped to positively impact the department.

During the next couple of months, I went through 6 coaching sessions with a certified Desert Waters instructor and coach of the CF2F material. We spent 30 minutes each time going over a section of the material to ensure I understood what I was going to be instructing. We exchanged ideas about how to deliver each section. This was very helpful, as it better prepared me for instructing.

On March 2015, I began instructing the Corrections Fatigue to Fulfillment material. I was sent all over the state to different facilities and field offices. I believe I put about 2500 miles on the state car as I traveled to and from each location. I spent many nights on the road away from my family and stayed in many hotels. But, it was well worth it and I continue to travel because this material is positively impacting lives.

(Continued on page 2)

The Life of a CF2F Instructor (continued from page 1)

"Staff as Our Greatest Asset" is one of the values of the WADOC. This has been long thought of by many staff as a proverbial "joke." These staff rarely felt valued or even appreciated by the department they work for. But as we continued to facilitate this training, I began to see a change in those we were around. They were beginning to see that the department did in fact care about and appreciate them. They were experiencing how helpful this material was, and they were seeing how much the department was investing in sending us instructors out to the various areas.

One thing to understand is that this material is very challenging and quite difficult for some to take. For example, let me ask you a question. If you fall down and skin your knee, what is the first thing you must do after getting back up? You must clean out the wound and scrub with soap and water, right? Well, this training begins by cleaning out the wound. We discuss how and why people who work in our field suffer some of the things we suffer. We discuss how what we see, hear, and read affects our psyche and our overall wellbeing. We go over "war stories" and discuss changes in our thinking, attitude, and, yes, even in our beliefs. We dig deep y'all, and get to the deepest darkest recesses of our souls.

As with most training material, there are parts that we struggle with. Well, this is no different. I can say with all of these classes, I found myself feeling tired and worn out at times, but I wasn't sure why. I came to understand that as instructors we take on some of what we discuss in training. I began to realize that instructing the first part of the day (the Fatigue part) would take its toll on me and I would feel tired and worn out. But by the end of the day, I would feel much better. I guess what I am trying to say is that facilitating discussions on fatigue may result in feelings of, well, fatigue. But as we get into the second half of the day, helping others see the light at the end of the tunnel makes it all worth it, especially when you see "lights come on" when people realize that there is hope.

Here's one story of the many that came out of my CF2F trainings that I'd like to share with you. My co-instructor and I were delivering the material when he noticed that one of the staff was struggling with his emotions. We will call this guy "Joe" and no, this is not his real name. Well, my co-instructor came up to me and told me about what he had observed. We both agreed that something needed to be done, so I called the local Staff Counselor. They said they would be there after a meeting and would be available to help. I knew that might take a few hours, and we didn't want to leave Joe without any help until then. My co-instructor and I discussed it and decided it would be best if I spent some one-on-one time with Joe away from the class. As someone trained in Critical Incident Stress Management, I employed those skills as some "first aid" for Joe. We sat and discussed what he was going through for about an hour. We talked, we prayed, we cried. I listened to every word he had to say. After some alone time, he said he felt better and would like to rejoin the class. He did and participated very strongly, which I believe had a positive impact on the overall class. I will not discuss the details of what we talked about, but his is just one example of the suffering that we as Corrections Professionals go through. We bury it deep and pretend it does not exist. But all the while it's there, eating us up from the inside, trying to destroy us. And the longer we pretend it isn't there, the more damage it does. We must clean out the wound before applying the bandage, if we are to heal.

I could tell you many other stories, but I haven't the time. I will tell you that Joe is doing much better, as I believe he is employing some of the skills he learned in the CF2F material. I have encountered many other people in my travels that have expressed heartfelt gratitude for the material. We have had many (about 75%) of the persons who have gone through the training say that this should be a mandatory training for all staff. That statistic encourages me to keep going even when I am tired and worn out from all the travel. I continue to look forward to each new day, each new experience, and each new person.

In closing, I dedicate this article to all my fellow instructors out there who are putting their own lives to the side in an effort to positively impact the lives of Corrections Professionals everywhere.

Dear Rookie
By Sgt. Michael Flipp

Printed with permission.

Dear Rookie,

I spent most of my life in prison
And I did it all by choice
If only for 8 hours a day
When I leave I do rejoice

But I know I must return
Lord help my sanity
Keep me safe from my own self
And lessen time's severity

If there is a way to escape its hold
If I could open my own cell door
Free as a bird I would ever be
Not captive anymore

So who is really doing time
The inmate or the guard
A 30 year bit is what I got
Was it easy time or hard

Only time itself will tell
My entire sentence will I serve
Or can I plan my escape
Do I even have the nerve

I could confine myself to a cubie
Change cement walls to carpet
Get a job on an assembly line
Or stock shelves at the local market

25 years in and 5 to go
Can I make it till the end
What reward is there for me
A possible retirement to tend

But at what cost does this come
Will anyone even care
That I gave my life to this cause
Oh dear rookie.... beware

Sgt. Michael Flipp
Minnesota DOC

Part 2: What is Psychological Trauma? Diagnosing PTSD

© Audrey Boag, 2016

The examples presented below are based on actual corrections professionals' experiences, with details changed to render them unidentifiable.

If you happen to get "triggered" (become emotionally upset) while reading this article, I strongly advise you to stop reading, and to contact the National Suicide Prevention Lifeline at ***800-273-TALK (8255)****, and/or your agency's* ***EAP****, and/or* ***911****. For non-emergency situations you can also call Safe Call Now at* ***206-459-3020****, and Serve & Protect at* ***615-373-8000****. And you are welcome to contact me at 719-784-4727 or through our website. More general suggestions are also presented at the end of the article.*

My special thanks are offered to Greg Morton, DWCO's Training Manager, for his careful reading and compassionate edits of this article.

Those who work in corrections have most likely experienced at least one traumatic episode directly, and/or also encountered traumatic material indirectly, possibly repeatedly. You may still be bothered by these exposures, and might be experiencing some of the symptoms that are mentioned later on in this article. Remember, even the "toughest of the tough" show signs of wear-and-tear as the number and types of traumatic material to which they are exposed at work continue to accumulate. We should consider this wear-and-tear outcome to be an inherent and practically inescapable part of our profession, and therefore a subject worth acknowledging and validating by all involved. Peers and colleagues, support each other when you recognize signs of discomfort and strain in your coworkers. Administrators and supervisors, let your staff know that corrections workers, like police officers, firefighters and military veterans, do get affected more or less by what they experience at work, and that these effects have nothing to do with weakness. Not seeking help when help is needed is the actual weakness, just like not keeping one's tools cleaned or one's vehicles maintained reduces their utility.

That said, please read the following with care. We at Desert Waters are not implying that corrections staff as a general rule suffer from these symptoms at a diagnostic level. Rather, we want to note that these symptoms can exist on a continuum from mild to moderate to more severe. Just because you might recognize individual behaviors in the descriptions below, that does not indicate a diagnosable condition. However, it would also be a mistake to believe that the very real consequences of incidents that happen during a corrections employee's career might never rise to a severe level of dysfunction. This information is provided so that the profession overall can begin to recognize the possible severity of these outcomes at their most extreme, both on and off duty.

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5, APA, 2013)[1], Post-traumatic Stress Disorder is comprised of four groupings of symptoms. These symptom clusters are intrusive remembering, avoidance, negative changes in thinking and mood, and increased arousal and reactivity.

(Continued on page 5)

Part 2—Diagnosing PTSD (continued from page 4)

If a certain number and combination of the four clusters of symptoms exist for more than one month following exposure to a traumatic stressor, a trauma-exposed individual can be diagnosed with PTSD. For such a diagnosis, however, experienced symptoms **must also** result in significant distress and impairments in functioning socially, occupationally, or otherwise.

Interestingly, it is possible that diagnostic criteria based on the above symptoms may not be met in full for six months or longer following exposure to traumatic stressors, in which case symptom expression is described as being delayed. That is, a person may show few if any symptoms at first, but months after the event they may start exhibiting enough symptoms to meet criteria for a PTSD diagnosis.

Again, please remember that PTSD, or any psychological condition, can only be diagnosed by a licensed clinician following direct contact, including a one-on-one interview with the person assessed, and perhaps also the administration of clinical tests. If you think that you are suffering from PTSD, please seek professional assistance. Your family and friends, not to mention all of us at Desert Waters Correctional Outreach, want only the best for you.

1. Intrusive Distressing Memories

This category of symptoms refers to repeated and unwelcome remembering of details of traumatic events. These details are based on our senses—such as, sights, sounds, smells, tastes, or textures related to the incident. It is as if sensory details are branded in one's memory, popping up repeatedly in their raw format, unaltered, and like one hit the replay button. This involuntary remembering can be unexpected, "out of the blue." Or it is cued ("triggered") by reminders of the traumatic episode(s). Such reminders may be in the person's external environment (for example, certain smells, sounds, sights, textures, people, locations, situations), or in the person's internal environment (for example, their own thoughts and emotions). In the case of PTSD, intrusive memories are accompanied by intense emotional distress and physiological arousal, such as increased heart rate, shaking, or sweating. Flashbacks are dissociative reactions, a particularly disturbing type of intrusive remembering, when the person relives the event vividly, as if it is happening all over again. Intrusive memories can be experienced both while awake and while asleep (as in nightmares). Distressing dreams of traumatic events rob their victims of what is typically a refuge for all of us—peaceful sleep. Intrusive remembering can become so upsetting, that sufferers may resist falling asleep (trying to stay awake no matter what), as they do not want to re-experience their nightmares.

Examples of Intrusive Distressing Memories

A corrections case manager still has nightmares about violent incidents she witnessed during the course of her corrections career. The nightmares are like a movie playing or a slide show of still photos of the event. The images remain unaltered, identical to those on the day of the incident. Sometimes she hears sounds and smells odors related to the events. Invariably, she wakes up with a start, sweating, heart racing. To avoid her haunting nightmares that seem to strike unexpectedly, "out of nowhere," and for no apparent reason, she tries to stay awake as long as she can. Or she has several stiff drinks before going to sleep.

© Audrey Boag, 2015

A corrections educator, who had been assaulted by an offender a couple of months prior, has a flashback of the attack while he's driving. He "sees" the offender on his left side lunging at him, shank in hand. Overtaken by the vividness of the experience, and forgetting that he is in fact driving, he ducks and swerves to avoid the offender in his mind's eye, driving his vehicle into the ditch. As the flashback subsides, he sits in his car shaking until he can compose himself enough to drive to his destination.

(Continued on page 6)

Part 2—Diagnosing PTSD (continued from page 5)

2. Avoidance

Avoidance is an attempt of trauma survivors to "insulate" themselves, to protect themselves from reminders of traumatic events ("trauma triggers") in order to avoid or reduce the jarring distress they can cause. Trauma triggers may exist either in the outer world (that is, they are external), and/or they may be birthed in one's own mind (that is, they are internal). Such trauma-related avoidance is persistent, active, effortful, and intentional. External reminders that are studiously avoided may include people, places, activities, conversations, situations, and things. Internal reminders may be one's own thoughts, emotions, or memories associated with traumatic events. It would seem relatively easy to avoid at least some of the external reminders. The harder part may be insulating oneself from internal reminders—from one's own mind—that is, from oneself. How does a person escape their own haunting feelings, thoughts and memories? There is considerable research that suggests that substance abuse and other compulsive and addictive behaviors may be one method of attempting to avoid/block one's own memories, thoughts and emotions that are associated with traumatic events.

Examples of Avoidance

Since he retired on disability due to work-related PTSD, a corrections officer avoids driving in the vicinity of the prison where he used to work, and he absolutely refuses to drive down the road that leads to the prison. When he needs to go to the next town, he takes a 40-minute detour in order to avoid driving by his old place of employment. He says that just thinking about the gate causes him to start having feelings of panic. He's also told his wife he no longer wants her to fix spaghetti with spaghetti sauce for him to eat. What he did not tell her was the real reason for that. The sight of spaghetti sauce has now become a strong trauma trigger, a reminder of what he saw on the concrete floor of a cell following an inmate-on-inmate assault that involved serious brain injuries. He's also quit deer hunting, which he used to love doing annually.

Since an attempted sexual assault in her office by a mentally ill parolee she supervised, a Parole Office has been postponing reading parolee files, especially when they contain details of sexual violence. She has also been having an increasingly harder time coming into her office every day. Just looking at the desk behind which the parolee had pinned her while she was screaming for help, causes her to start sweating. Lately she has been seriously contemplating a move, either to a different parole office, or to an entirely different profession unrelated to criminal justice.

3. Negative Changes in Thinking and Mood

This grouping of symptoms involves negative changes in one's thinking and emotions that start after exposure to traumatic events, and that become entrenched, habitual. They involve negative changes in one's thinking patterns, expectations, and beliefs about oneself and/or others; the persistent experiencing of distressing emotions; and an inability to recall key details about traumatic incidents. Examples include persistent negative judgments of self or others; exaggerated or unfounded self-blame and/or blame of others regarding perceived causes or consequences of traumatic events; hopelessness; pervasive anger, fear, sadness, guilt, or shame; loss of interest in important activities or activities that were previously enjoyed; feelings of emotional detachment from others; difficulty experiencing positive emotions, such as affection, and not remembering incident details or having said or done things during a traumatic event that are on tape or that coworkers state they witnessed them saying or doing.

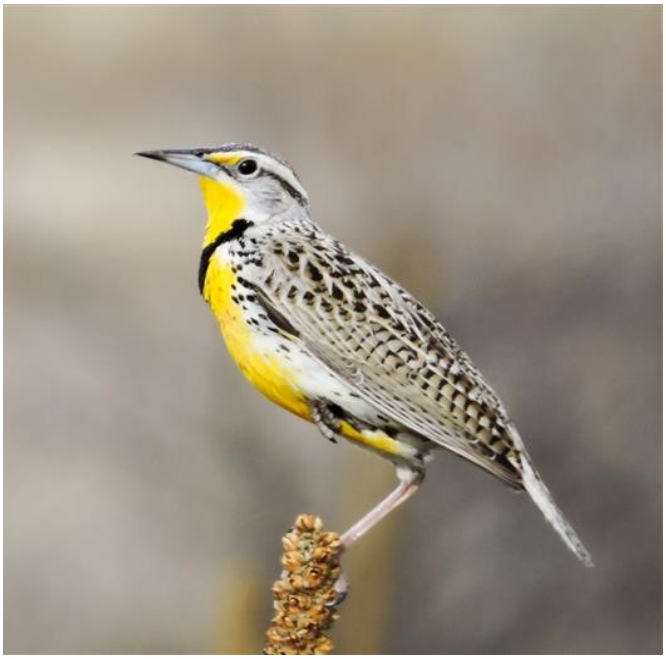
Examples of Negative Changes in Thinking and Mood

A corrections lieutenant feels like life has lost its flavor. Even pleasant family activities that he used to enjoy now feel to him to be empty, meaningless. He cannot feel affection for his own children like he used to, or compassion toward them when they get physically hurt or when they are otherwise in distress.

(Continued on page 7)

Part 2—Diagnosing PTSD (continued from page 6)

Examples of Negative Changes in Thinking and Mood (continued)



A Probation Officer cannot stop feeling angry about how an incident was handled by her supervisor over a year ago. She is convinced that had her suggestion been taken, a probationer she supervised would not have had the opportunity to rob and murder his elderly grandmother.

A youth counselor has been feeling guilty about the injury of a coworker, holding herself responsible for it, even though her supervisor and administrators have told her that she did everything she could have possibly done to help—and by the book. She keeps re-playing the incident in her head, remaining adamant that had she gotten there just a minute sooner, her coworker would not have been stomped by a group of juveniles in the dorm.

A corrections sergeant, who has been assaulted on numerous occasions by members of a certain ethnic group, has developed deep-rooted and hate-filled prejudices against all people of that ethnic group. He has tried talking himself out of that type of thinking, but has not been able to get rid of his sweeping negative generalizations. He feels ashamed, as the logical part of him tells him he's wrong to think that way.

4. <u>Increased Arousal and Reactivity</u>

This refers to being ready to go off—on yellow much of the time, and ready to explode onto red at the least perceived provocation. That is, to be chronically agitated, irritable, "on edge," and at times unable to keep oneself from going "over the edge," quickly progressing to a "fight or flight" mode (which most of the time is "fight"). Examples include snapping at people; anger outbursts; verbal or physical aggression; reckless or self-destructive behavior (including self-injury and suicide-related behaviors); heightened sensitivity to potential threats; an unusually strong startle response; difficulty concentrating; and restless sleep.

Examples of Increased Arousal and Reactivity

A corrections officer feels angry much of the time. In fact, if you asked his family members, they'd tell you that's he's mad all the time. At work he sometimes purposely provokes inmates by staring at them and by saying humiliating things to them in front of their "homies." A couple of times recently he confronted men in public as well, because he thought that they had stared at him disrespectfully. His wife has told him that she no longer wants to go out with him, because she's afraid he'll get in a fight. After particularly intense shifts he drives home at 90mph in 65mph zones, at times riding other drivers' bumpers, screaming at the top of his lungs, and cutting them off. At home, he can see fear in his children's eyes when he approaches them. His wife has pleaded with him to not give her "the prison look" anymore. She has told him that when he gets enraged at her, she is afraid he is going to hit her.

After 10 years of working at a metro jail, a detention officer feels safe only when he is inside his house. He avoids going to grocery stores (his wife does all the shopping now), malls, movie theaters, concerts or the state fair—all activities that he used to enjoy prior to starting his corrections career. He also worries greatly about his family's safety. He has installed several security devices in his home, and motion-triggered lights all around his yard. And he has hidden firearms and knives in secret locations in his house. He cannot sleep for more than two hours at a stretch without waking up. He feels chronically wired and tired at the same time.

(Continued on page 8)

Part 2—Diagnosing PTSD (continued from page 7)

In addition to the above four clusters of PTSD symptoms (intrusive remembering, avoidance of trauma reminders, negative changes in thinking and emotions, and increased arousal and reactivity), PTSD sufferers may also experience the following two types of dissociative symptoms, persistently and repeatedly. These are:

- **Depersonalization:** feeling detached from oneself, from both one's own mental processes or one's body, such as having a sense of time moving slowly, feeling as if one's body is not real, or experiencing events as if they were dreams;
- **Derealization**: feeling as if one's surroundings are not real, or as if the surroundings are distant or distorted.

If you identify any of the above issues in yourself, here are some suggestions:

- Acknowledge that you are still bothered by extremely stressful situations to which you were exposed;
- Talk to significant others, peers, or spiritual advisors about this;
- Seek help from knowledgeable medical and/or behavioral health professionals;
- Engage in activities that are positive, health-promoting, body-calming, emotion-calming, and nurturing physically, socially and spiritually, such as physical exercise, outdoors activities, psychotherapy, journaling, hobbies, or attending support groups or faith-based gatherings; and
- Abstain from substance abuse or other addictive behaviors.

Do not put it off any longer. ***Pursue your healing!***

Yes, you can work through traumatic experiences. And you can even grow in self-awareness, compassion, and appreciation of life and of relationships as a result of doing so. As many wise people have said, the greatest challenges in life also present the greatest opportunities for growth and transformation. As corrections professionals, you have jobs that on certain days may cause you to encounter the worst in life. But every single one of you also has the capacity to grow stronger afterwards. And that is one of the many things to be proud of as corrections professionals!

Here are the resources mentioned earlier: *National Suicide Prevention Lifeline at 800-273-TALK (8255); Safe Call Now at 206-459-3020; and Serve & Protect at 615-373-8000. Safe Call Now* and *Serve & Protect* serve all U.S. first responders and public safety employees, including corrections staff and their families.

[1] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5) (Fifth Ed.)*. Washington D.C.: American Psychiatric Association.

Please note: This series on Psychological Trauma *will be continued in future issues of the* Correctional Oasis*.*

Upcoming CF2F Instructor Training—Florence, CO: 9/27-9/30/2016

Dates for 2017 to be announced soon.

Five Customized Versions Available: For staff in **corrections facilities (prisons and jails)**, **probation** and/or **parole offices**, **juvenile facilities**, **juvenile community corrections**, and **new recruits**.
*For more information, click **HERE**.*

Instructor comments about the course:

Excellent subject matter. Was a real eye opener even after being through the course before. Really looking forward to not only using some of the strategies but teaching them. *~ C. S., Trainer*

Dr. Spinaris shows a great care for corrections professionals even though she never worked in a facility. She has a great understanding of the problems found within the correctional work place, and does an excellent job of directing the class past the negatives and into the positives of corrections. *~ T. D, Training Officer*

Thank you. I had already taken this course but I was in a different place at that time. So this really helped me to understand where I am at on the fatigue scale, what I need to work on with my staff and at home with my husband/family. So again, thank you!! Thank you for caring enough to create this course for correctional professionals. This will allow us to help and take care of ourselves and our team members around us. *~ J. W., Training Manager*

"What Really Matters?" Developing Spiritual Intimacy

He who dies with the most toys….

We all snicker at the bumper sticker proclaiming that recipe for winning at life. All of us search for meaning in our lives that goes deeper than the stuff we own or the titles we have attached to our names.

In my last blog I wrote about emotional intimacy and how it can involve sharing our experiences of life at its greatest intensity: feeling loved, afraid, hurt, or lonely. Today I am exploring spiritual intimacy, which is the second type of intimacy that can touch our core selves.

To create spiritual intimacy with my partner, I need to share:

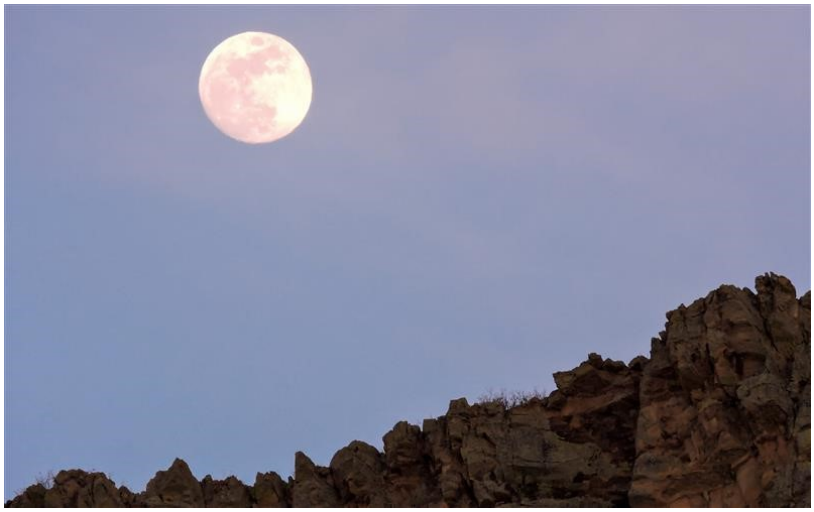
what is most important to me
what I believe about God/the transcendent
how I experience God/the transcendent

Many couples never risk deep spiritual intimacy. They may sit in a pew together, but never share how the service resonates with their heart. You may have difficulty sharing your spiritual journey because you suffered spiritual abuse as a child from a legalistic religious system. You may fear judgment if you open up about spiritual doubts or questions.

So why should you take the risk of opening up about your spiritual journey? For one, because it has the potential to deepen the love between you and your partner as you both feel accepted and cared about at that deep level. But secondly, opening up about your own spiritual journey is your best method of getting assistance for journeying further along your spiritual path.

So I urge you to invite your partner to take some steps toward deeper spiritual intimacy. You might try any of the following:

- Each person agrees to bring something written that has been personally meaningful. This might be a scripture, a poem, or a story. Then the person shares how/why / what they brought to share has been meaningful to them.



© Audrey Boag, 2016

(Continued on page 10)

Spiritual Intimacy (continued from page 9)

- Each week for one month take turns sharing a religious/spiritual practice with your partner. Perhaps the first week your partner joins you in a daily meditation that you like to do, and then the next week you attend a church service that your partner likes to attend, etc. Afterwards, discuss what was meaningful and how you felt doing the practice together.

- Share your spiritual life graph. Take a piece of paper on which the years of your life are represented left to right and your spiritual ups and downs are represented by a line graph. Draw pictures to represent significant spiritual experiences. Then share your graphs with each other.

- Share with your partner your answers to the following questions:

    * *What is to you most important in life?*
    * *What character trait would you most like to be remembered for?*
    * *What was one negative religious/spiritual experience you had growing up?*
    * *What was one positive religious/spiritual experience you had growing up?*
    * *What were you taught to believe as a child? To what degree do you embrace those spiritual beliefs today?*
    * *What spiritual principle do you want to guide your life?*
    * *How would you like your partner to support you in your spiritual journey?*
    * *How would you like to support your partner in their spiritual journey?*

The Intimacy Center

Email received on 4/11/16. Printed with permission.

"I was wondering if perhaps in a future issue you could touch on correctional nursing? Many people don't know that although we are not officers, we do have stresses that are unique and sometimes very emotionally draining. Some of what you wrote about how the officers react in their home life, I recognize in myself. And I don't think that even the officers themselves realize what our job is like, much like we the nurses may not completely recognize how stressful their job can be. Thank you!!"

~ Carissa Craghead

Email received on 3/29/16. Printed with permission.

"I just want to say thank you. I have enjoyed reading the articles that you have in Correctional Oasis these several months. It helps to have tools and different perspectives to find balance in life. Thank you for what you do. It does greatly impact others. "

~ Anonymous

Desert Waters
Correctional Outreach

a non-profit organization for the well-being of correctional staff and their families

Caterina Spinaris, Ph.D.
Executive Director
431 E. Main Street, P.O. Box 355
Florence, CO 81226
(719) 784-4727

http://desertwaters.com

Your gifts are tax-deductible.

Many Thanks!

Support the mission of Desert Waters with your tax-deductible contributions.

Individual donors: Anonymous donors; TC & Joellen Brown; Colorado Combined Campaign donors; Jeff & Connie Mueller; Patti Schniedwind, Kevin & Robin Rivard, Harold & Carol Severson

Business donors: Janice Graham & Company, P.C.

Organization donors: Association of Oregon Correctional Employees; Northside Church of Christ

Special thanks also go to: Bret Anderson, Audrey Boag, Maureen Buell, Kris Davenport, Mike Denhof, Janice Graham, Senator Kevin Grantham, Cynthia Halterman, Susan Jones, Brandon Kelly, Josh Klimek, Leslie LeMaster, Anita Lloyd, Amanda McCarthy, Gregory Morton, Jeff Mueller, Andy Potter, Patti Schniedwind, Rachel Shelver, Eleni Spinari, Dave Stephens

IN MEMORIAM

Daveon Hall
January 29, 2016
Miami Dade Corrections Dept., FL

Michael Lee Couture
January 29, 2016
Franklin County Jail, PA

Quote of the Month

"I do not at all understand the mystery of grace.
Only that it meets us where we are, but does not leave us where it found us."
~ Anne Lamott

DWCO Disclaimer

The views and opinions expressed in the *Correctional Oasis* are those of the authors and do not necessarily reflect or represent the views and opinions held by DWCO Board members, staff, and/or volunteers.

DWCO is not responsible for accuracy of statements made by authors. If you have a complaint about something you have read in the *Correctional Oasis*, please contact us.

DWCO Mission

To promote the occupational, personal and family well-being of the public safety workforce through the provision of support, resources and customized data-driven solutions.